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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.10 (e))  
required)

Attorney Docket  
Number

First Named Inventor

THOMPSON, Michael P.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of and Software for Monitoring Digital Information

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached	
			Not Claimed		YES	NO
PCT/AU2004/000012	AU	01/07/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003930070		01/07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be derived from the invention. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance completing the form, call 1-800-PTO-8199 and select option 2.

PTO/SB/01 (04-05)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ The address associated with Customer Number: 01209 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

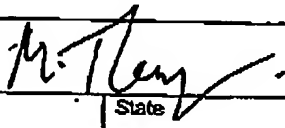
Given Name (first and middle (if any))

Michael Phillip

Family Name or Surname

THOMPSON

Inventor's Signature



Date

21/4/06

Residence: City

Glen Iris

State

Victoria

Country

AU

Citizenship

AU

Mailing Address

66 Great Valley Road

City

Glen Iris

State

Victoria

Zip

3146

Country

AU

## NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Danny Jonathan

Family Name or Surname

LESSER

Inventor's Signature



Date

21/4/06

Residence: City

Ormond

State

Victoria

Country

AU

Citizenship

AU

Mailing Address

9 Gee Street

City

Ormond

State

Victoria

Zip

3204

Country

AU

☒

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or OZLR attached hereto.

(Page 2 of 2)

PTO/SB/02A (09-04)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>1</u> of <u>1</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Saul Pascal		MIDLER	
Inventor's Signature <i>Saul Midler</i>		Date <u>21/4/06</u>	
Residence: City <u>BRIGHTON EAST</u>		Victoria State	AU Country
38 Melbourne Grove		AU Citizenship	
Mailing Address <u>20 LANSDOWN STREET</u>			
Residence: City <u>BRIGHTON EAST</u>		Victoria State	AU Country
38 Melbourne Grove		3187 Zip	AU Citizenship
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lillian		PEARCE	
Inventor's Signature		Date	
Residence: City <u>Elsternwick</u>		Victoria State	AU Country
50 Hoddle Street		AU Citizenship	
Mailing Address			
Residence: City <u>Elsternwick</u>		Victoria State	AU Country
50 Hoddle Street		3185 Zip	AU Citizenship
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Braham David		RABINOV	
Inventor's Signature		Date	
Residence: City <u>Balaclava</u>		Victoria State	AU Country
Unit 3/1 Milburn Grove		AU Citizenship	
Mailing Address			
Residence: City <u>Balaclava</u>		Victoria State	AU Country
Unit 3/1 Milburn Grove		3183 Zip	AU Citizenship

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 25 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 1 of 1	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Saul Pascal		MIDLER	
Inventor's Signature		Date	
Carnegie Residence: City		Victoria State	AU Country
38 Hollywood Grove			
Mailing Address			
Carnegie City		Victoria State	3163 Zip
			AU Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lillian		PEARCE	
Inventor's Signature		Date	
<i>Lillian Pearce</i>		21/4/06	
Elsternwick Residence: City		Victoria State	AU Country
50 Hoddle Street			
Mailing Address			
Elsternwick City		Victoria State	3185 Zip
			AU Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Drahomir David		RABMOV	
Inventor's Signature		Date	
<i>D. Rabmov</i>		21/4/06	
Balclutha Residence: City		Victoria State	AU Country
Unit 3/1 Auburn Grove			
Mailing Address			
Balclutha City		Victoria State	3163 Zip
			AU Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to enable or obtain a benefit by the public which is to be made by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:  
OR

01209

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR☐ The address associated with Customer Number:  
OR☐ Firm or  
Individual Name

Address

City

Country

Telephone

State


Zip

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SSB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	21/4/06
Name	Michael Philip Thompson	Telephone	0413153663
Title and Company	DIRECTOR TECHNOLOGY - SECUREWRAP D/L		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Saul Pascal Midler</i>		
Name	Saul Pascal Midler	Date	21/4/06
Title and Company	CEO SECUREWRAP P/L	Telephone	0412 557788

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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Application Number	
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Attorney Docket Number	

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>DJL</i>	Date	2/4/06
Name	Danny Jonathan Lesser	Telephone	
Title and Company	DIRECTOR SYSTEMS - SECURE RAP, PIC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

01209

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Graham David Rabinov

Graham David Rabinov

Date

Telephone

04/24/06

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.21, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ATTENTION THOMAS AHEARN

PTO/SB/1 (04-06)

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# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Contact Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number: 01209  
 OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/her attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 OR

☐ The address associated with Customer Number:  
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☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(u) is enclosed. (Form PTO/SB/90)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Lillian Pearce</i>	Date	04/24/06
Name	Lillian Pearce	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual data. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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